



REGISTRATION FORM

**CHILD ABUSE RECOGNITION AND REPORTING
FOR DENTAL PROFESSIONALS**

Registration closes 3 days prior to the course. Please print or type.

REGISTRANT #1

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

REGISTRANT #2

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

PRICING AND PAYMENT

DESIGNATION	PRICE	NUMBER ATTENDING	TOTAL
PDA member dentists	\$0		\$
Hygienists, EFDAs & office personnel employed by a PDA member dentist	\$25		\$
Non – MBDS member dentist and staff	\$50		\$
Non – ADA member dentist and staff	\$100		\$
TOTAL REGISTRATION FEE:			\$

To register: Please mail completed form with check.

RETURN COMPLETED FORM TO:

Chesheim Dental Associates
716 Bethlehem Pike
Erdenheim, PA 19038
Attention: Angela Stout, DMD

MAKE CHECK PAYABLE TO:

Montgomery Bucks
Dental Society

For more information, please call 215-233-0206.